



GRAIN PRODUCER PREMIUM REFUND REQUEST

Indiana Grain Indemnity Corporation
101 West Ohio Street
Suite 1200
Indianapolis, Indiana 46204
Phone: (317) 232-1356

I am hereby requesting reimbursement of the two-tenths percent (.002) producer premium withheld from payment of grain which I sold. This request must be delivered or sent by first class mail to the Indiana Grain Indemnity Corporation ***not more than twelve (12) month after the premium was collected.*** Refunds will be processed no later than 30 days after receipt of a completed form.

PLEASE PRINT CLEARLY

Producer's Name (Payee on settlement):			
Producer's Address:			
City:	State:	Zip:	County:
Telephone Number (including Area Code):			
Social Security Number or Federal I.D. Number:			

(A Social Security or Federal Identification Number must be supplied under IRC 6109 for the purpose of filing IRS 1099.)

Date(s) Premium was collected	Purchaser (Elevator or Company collecting Premium). <i>List each separately. Use reverse side if more space is needed.</i>	Amount Withheld
	Name: _____ Branch: _____ City: _____ County: _____	\$
	Name: _____ Branch: _____ City: _____ County: _____	\$
Total from Reverse Side:		\$
TOTAL REFUND REQUESTED:		\$

I am enclosing a copy of the settlement sheet(s) or other documentation showing: ***the amount of GRAIN SOLD; and the two-tenths percent (.002) was withheld.***

I certify, under penalties by law that neither the producer requesting this refund paid the premium for which a **refund** is sought, the information in this request is not false or fraudulent nor a request has not been previously submitted, nor a refund received, on the grain to which this refund refers.

Have you:

- **Completed this form?**
- **Attached copies of settlement sheet(s) or other documentation?**
- **Is Power of Attorney on file for a landlord?** ☐ on file ☐ attached

Producer's Signature: _____ Date: _____

A producer that requests and receives a Premium Refund forgoes protection or compensation from the INDIANA GRAIN INDEMITY PROGRAM, on any and all grain. Reentry information will be mailed with refund checks. This form may be reproduced as needed.

Date(s) Premium was collected	Purchaser (Elevator or Company collecting Premium). <i>List each separately. Use reverse side if more space is needed.</i>	Amount Withheld
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	TOTAL OF THIS PAGE <i>Enter this total on the front side of this form</i>	\$